PLACE OF BIRTH		
County of Sila	ARIZONA STATE BOA	ARD OF HEALTH
or Ylok	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH	State Index No
Full name of child Emn	(If birth occurred in a hospital or institution, give	j If child is not yet named, make supplemental report, as directed.
Bez of Child To be answered ONLY in event of plural births.	4. Twin, triplet or other	7. Date June 25/927 of bloth Month day year
uli name Calph C	laves Full maiden name J	rancisca Idinas
. Residence (Usual piace of abode) # Lob If nonresident, give place and state	P. Orrez. 15. Residence (Usual place of a	· · · · · · · · · · · · · · · · · · ·
Color or race	hirthday 45 (Yours) Refican	17. Age at last birthday 36 (Keen)
!. Birthplace (city or place) Centr (State or country)	A New Medica 18. Birthplace (city or (State or country	
3. Occupation Thin Nature of industry	19. Occupation Nature of industry	Housewife
aken as of time of birth of child herein () Born alive and now living 2002 21. Were thalmi	precautions taken against oph- a necessarium?
hereby certify that I attended the birth of		at 9.110 is an the data above stated,
Month, day, year.	1.7.7	County Registrar,